will be in a better position to evaluate the role of the masks more conclusively in the future.

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References

- 1. Mitchell NJ, Hunt S. Surgical face masks in modern operating rooms—a costly and unnecessary ritual? 7 Hosp Infect 1991; 18: 239-242.
- Ayliffe GAJ. Masks in surgery? J Hosp Infect 1991; 18: 165-166.
 Garner JS, Jarvis WR, Emori TG et al. CDC definitions for nosocomial infections 1988. Am 7 Infect Control 1988; 16: 128-140.

Sir.

Masks in surgery

We read the editorial 'Masks in surgery' and the article by Mitchell and Hunt² in the issue for July 1991, with gratification and interest.

It is just 10 years since one of us (NWO) published a paper in the Annals of the Royal College of Surgeons of England questioning the value of masks in the theatres. Since that time the four general surgeons and their theatre staff in our hospital rarely wear masks. During that time the Control of Infection Department has carefully monitored all infections associated with routine surgery (i.e. not emergencies or endoscopies) in our care. The yearly throughput during those 10 years averaged 816 operations per year and the wound infection rate remains under 2%. The infections which do occur reflect the operations performed or the patients' condition, and are not related to carriage of organisms by the theatre personnel.

In reply to your suggestion that a controlled trial would be needed to prove the point, I know of no controlled trial that has proved that masks in fact reduce wound infection. We still feel that masks are not necessary for routine general surgery.

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References

- 1. Mitchell, NT, Hunt S. Surgical face masks in modern operating rooms a costly and unnecessary ritual? J Hosp Infect 1991; 18: 239-242.
- 2. Ayliffe, GAJ. Masks in surgery? J Hosp Infect 1991; 18: 165-166.